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MEDTRONIC LAW DEPARTMENT - CONFIDENTIAL

Attention: Centralized Fax Number
Company: United States Patent and Trademark Office
Telephone: 703-305-5261
Facsimile: 703-872-9306
Application No.: 09/843,638
Filing Date: April 26, 2001

From: Keith M. Campbell, Esq.
Telephone: 763-505-0405
Facsimile: 763-505-0411
Our Ref. No.: P-9596.00US

Date: April 12, 2004

Pages (including cover page): 16

Comments:

Attached please find the following documents for filing with regard to the above-identified application:

1. 2 pg Transmittal
2. 1 pg Associate Power of Attorney
3. 12 pg Amendment and Response

If you have any questions, please contact me at the number listed above.

Keith M. Campbell, Esq.

NOTICE

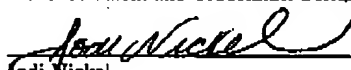
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PATENT
Docket No.: P-9596.00US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Scott J. Davis et al. Group Art 3762
Unit:
Application No.: 09/843,638 Examiner: Kristen L. Droesch
Filing Date: April 26, 2001 Due Date: April 12, 2004
For: Implantable Therapy Delivery Element Adjustable Anchor

CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on April 12, 2004.


Jodi Nickel

TRANSMITTAL LETTER

Attn: Kristen L. Droesch
Centralized Facsimile Number 703-872-9306
Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

We are transmitting herewith the attached:

- ☒ Transmittal Letter (in duplicate)
☒ Response to Office Action
☐ Petition for Extension of Time
☒ Associate Power of Attorney
☐
☒ Return Receipt Postcard

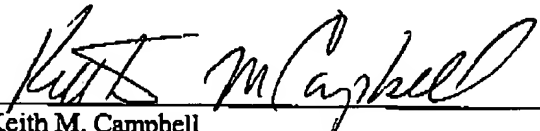
FEE CALCULATION	No. of Claims Filed	Highest No. of Claims Previously Paid for	No. of Extra Claims	Rate	Fee
Total Claims	45	- 45 =	-0-	x \$18	\$ -0-
Independent Claims		- =		x \$86	\$
Multiple Dependent Claims				+ \$290	\$
TOTAL					\$-0-

Application No.: 09/843,638

- ☒ Please charge Deposit Account No. 13-2546 \$ for additional claims fees and \$ for petition fees, for a total of \$-0-.
- ☒ Please charge any additional fees or credit any overpayments to Deposit Account No. 13-2546, which may have been overlooked on this Transmittal Letter with regard to this filing. A duplicate of this Transmittal Letter is enclosed.

Respectfully submitted,

Date: April 12, 2004


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